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For information

Country note**

Indonesia

Summary

The Executive Director presents the country note for Indonesia for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. In the two decades preceding the recent economic crisis, Indonesia made widespread progress in child survival and development. According to the Central Bureau of Statistics, between 1976 and 1996, poverty fell from 40 to 11 per cent and annual per capita income increased from $70 to $1,080. But since mid-1997, economic and political crises have severely affected Indonesian families, and poverty has increased to 24 per cent, afflicting 50 million of the country's 210 million people. Efforts to achieve the World Summit for Children goals have shown striking progress, but there are still areas that need renewed commitment. For example, although the under-five mortality rate dropped from 103 to 71 per 1,000 live births between 1986 and 1996, inter-provincial disparities remain very wide, ranging from 30 in Yogyakarta province to 149 in West Nusa Tenggara.

2. In 1997, only 55 per cent of infants had received a full course of immunization and 54 per cent of mothers had received two doses of tetanus toxoid. Diarrhoea prevalence among young children has declined marginally in recent years, and acute respiratory infections account for 35 per cent of under-five deaths. With over 500,000 new cases reported each year in the general population, tuberculosis is another major concern. In addition, while the national prevalence of HIV/AIDS is still very low, in several provinces and metropolitan Jakarta, it is estimated that 2 to 3 per cent of commercial sex workers are now HIV positive.

3. Maternal mortality is still unacceptably high, with an estimated 334 women dying in childbirth for every 100,000 live births. The main underlying causes are poorly trained health personnel, a lack of transport, late referral and poor

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

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emergency care. Overall, about one half of all births are attended by trained personnel, although this also varies greatly among provinces. The figure for West Nusa Tenggara, for example, is only 24 per cent.

4. The nutritional status of children and women continues to be a pressing concern. By the age of five years, 30 per cent of all children are under weight. According to a survey of 15 provinces, blindness due to vitamin A deficiency declined substantially between 1978 and 1992, from 1.3 to 0.33 per cent, but there is some evidence that this trend has been reversed by the economic crisis. Fifty per cent of all women and children aged 5 to 14 years suffer from iron deficiency anaemia. Low birth weight (below 2,500 grams) is estimated at 10 per cent, but this estimate is probably too low given the large number of early marriages and poor maternal nutrition.

5. On the positive side, the incidence of goitre among schoolchildren dropped from 28 to 10 per cent between 1987 and 1998, and 65 per cent of households are now consuming adequately iodized salt. Access to clean water and sanitation increased substantially in recent years, reaching 76 and 65 per cent, respectively, of all households by 1998. However, there is a 25 per cent gap between urban and rural coverage, and in four provinces, less than one half of all households have adequate sanitation.

6. Over the past two decades educational attainment has improved greatly, and by 1998, adult literacy had reached 93 per cent for men and 85 per cent for women. Net primary school enrolment is over 90 per cent, and 52 per cent of children are enrolled in junior secondary school. However, 6.4 million children in the 7- to 15-year-old age group do not attend school, and access to education is a major problem for many, especially girls from poor households.

7. Difficult economic conditions are increasingly forcing children into exploitative and hazardous work, particularly in urban areas. An estimated 30 per cent of commercial sex workers are under 18 years of age. Unstable home environments, aggravated by the recent crisis, are also pushing many children onto the street. Tackling these problems is difficult, in part because child abuse lacks a legal definition, an established reporting system and consistent enforcement. No official figures are available on overall coverage of birth registration or on regional or ethnic disparities.

Lessons learned from past cooperation

8. The financial and economic crisis that struck in mid-1997 prompted a realignment of the UNICEF country programme at the mid-term review in 1998 (see E/ICEF/1999/P/L.4). Three programmes and 14 projects were distilled into four crisis response programmes. This new configuration sought to address the specific effects of the emergency while remaining consistent with the goals and principles laid out in the master plan of operations. The next country programme will draw upon the lessons from this crisis response experience. Among the most important general lessons are: (a) that a limited set of effective strategies and programme components is key to successful implementation across a wide range of substantive areas; and (b) that local institutions and traditions of mutual self-help at family and community levels are particularly important in Indonesia, and need to be supported, strengthened and focused to respond to the rights and needs of children and women.

9. The current country programme allocated substantial resources to local capacity-building initiatives, but with inadequate substantive focus, these efforts had limited impact on the problems of children and women. The political environment also hindered the translation of policies for decentralization, community participation and service integration into effective action.

10. The programme objectives proved difficult to measure in some areas and did not always correspond with activities actually implemented. Pilot testing of proposed activities and more systematic monitoring would probably have improved effectiveness. While financial utilization was sustained at over 80 per cent, there was a tendency towards large disbursements late in the financial year and a correspondingly high level of delinquency with regard to cash assistance to Government. The cumulative effect was to shorten the time available for project implementation.

11. Several components of the current country programme demonstrated the comparative advantage of UNICEF in large-scale social mobilization campaigns such as National Immunization Days and the back-to-school campaign. Substantial opportunities exist for productive partnerships in such mobilization efforts. National and provincial child protection bodies, for example, can become a major channel for pilot initiatives, and there is considerable untapped potential for working with local non-governmental organizations (NGOs) and religious groups to address child protection and gender issues.

12. The UNICEF advocacy relationship with a broad range of leadership in Indonesia's civil society, going beyond the governmental hierarchy, proved very helpful in ensuring that the needs and rights of children remained high on the agenda, even as the political landscape in Indonesia – and most recently in East Timor – changed dramatically.

Proposed country programme strategy

13. The overarching goal of the Government of Indonesia-UNICEF programme of cooperation for 2001-2005 is to support the realization of the rights of children and women, and to maximize their potential for development. Strategies will focus on families and communities as the primary guardians of their members, and will strive to equip and empower them to make informed decisions in areas such as preventive and curative health, education, psycho-social stimulation, and protection from abuse and exploitation. While families and communities should be in the forefront, vigilance at these levels must be backstopped and reinforced by available and accessible services when specialized assistance is needed. Protection for those in especially vulnerable situations will require special legal, policy and programme interventions.

14. Improving the status of women requires recognition of their multiple roles as citizens, mothers, caregivers, educators, community leaders and economically productive members of society. Their special needs related to pregnancy, childbirth and breastfeeding must also be addressed.

15. The new country programme will take full advantage of new laws on local governance and fiscal decentralization, which open the way for significant expansion of popular participation in agenda setting and resource allocation decisions. Partnerships with community-based organizations, religious groups and the private sector will be pursued to raise the awareness of families and communities about their rights and help them to make their voices heard.

16. All of the above approaches will be reinforced by advocacy and mobilization within the more open, democratic and decentralized structures that are emerging in Indonesia. National and provincial legislatures and local government bodies will be among the key institutional actors providing policy and administrative support. The mass media and civil society organizations will be mobilized to link the recognized rights and needs of children and women with the allocation of public resources for essential services.

17. Five programmes have been identified for Government of Indonesia-UNICEF cooperation in 2001-2005. In terms of policy development and advocacy, all programmes will seek to have nationwide impact, while certain specific programme interventions will be implemented in 40 districts and municipalities of eight provinces. UNICEF assistance will help these selected areas to identify and address their particular priority needs. The most promising of these efforts will provide models for implementation on a wider scale.

18. The *maternal and early childhood care* programme will promote effective home-based care for young children and women, and the prevention and early treatment of illness. It will support home visits by front-line workers and strengthen community-based activities that foster proper caring practices and behaviours. The programme will also seek to improve the quality of care provided by service facilities, emphasizing referral and support links between village residents and subdistrict health centres.

19. The *basic education for all* programme will focus on the structural problems that block access, contribute to high drop-out rates and negatively affect the quality of the educational system. The programme will emphasize improving the readiness of children for formal education, strengthening school autonomy and local management of educational resources, and promoting parent-teacher associations as active participants in the educational process. The programme will also reach out to women and out-of-school youth, offering activities that provide life skills and functional literacy to those outside the formal system.

20. The programme for *children in need of special protection* will support social and legal protection against all forms of discrimination, violence, exploitation, abuse and neglect of children in both urban and rural areas, with particular attention to the girl child. Areas to be addressed will include commercial sexual exploitation, the sale and trafficking of children, child abuse, street children, birth registration and juvenile justice. The programme will help to strengthen the capacity of national and provincial child protection bodies and will support legal reform and improved enforcement of existing laws.

21. In the *policy development and advocacy* programme, UNICEF assistance will promote the adoption of policies, laws and programmes that place the rights of children and women high on government and civil society agendas. This programme will support policy development at both national and subnational levels through expanded partnerships, data-driven advocacy and social mobilization involving Parliament, political parties, local government bodies, civil society organizations and NGOs. In addition, it will monitor

country programme achievements against stated objectives, support evaluations for mid-term corrections and track progress towards achievement of the World Summit goals.

22. The vast Indonesian archipelago is prone to a variety of natural disasters, including earthquakes, volcanic eruptions and floods, which have a devastating impact on normal life and trigger longer-term negative consequences for affected populations. Similarly, as recent events have shown, economic disruption and social unrest can pose serious threats to the lives and well- being of children and women. The *emergency support* programme will address the priority needs of children and women caught up in emergency situations. Special attention will be given to the rapid response to the immediate and short-term needs of children and women with pre-planned inputs such as fortified food, water and sanitation facilities, medical and educational supplies, and interventions to deal with psycho-social trauma.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]
(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Maternal and early child care	8 500	45 000	53 500
Basic education for all	4 250	14 000	18 250
Children in need of special protection	3 000	16 000	19 000
Policy development and advocacy	5 900	8 000	13 900
Emergency support	1 250	-	1 250
Cross-sectoral costs	2 500	-	2 500
Total	**25 400**	**83 000**	**108 400**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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For information

Country note**

Myanmar

Summary

The Executive Director presents the country note for Myanmar for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Myanmar's population is estimated at 48 million, with 21 million children under 18 years old and 13 million women of child-bearing age. Myanmar is classified as a least developed country, with a per capita gross domestic product (GDP) of $258. National expenditure on health and education combined was below 1.5 per cent of total GDP in 1997/98. On average, families spend 70 per cent of their income on food.

2. Since ratifying the Convention on the Rights of the Child in 1991, Myanmar has initiated a number of actions towards its progressive implementation, although circumstances have inhibited the full realization of the rights of children to life, survival, development and protection. While many development indicators improved during the 1990s, major problems still exist, especially for children and women living in undeserved rural, remote and peri-urban areas. Among the 10 members of the Association of Southeast Asian Nations, Myanmar ranks in the lower half on the Human Development Index.

3. Of the 1.3 million children born every year, approximately 92,500 die before they reach their first birthday, and 138,000 children die before the age of five years, mainly from pneumonia, diarrhoea and malaria, compounded by malnutrition. According to the 1997 multiple indicator cluster survey, 39 per cent of children under five years old are either moderately or severely malnourished (weight-for-age). Official data indicate that 23 per cent of newborns have low birth weight. Estimates of maternal mortality vary from 100 to 580 per 100,000 live births. Immediate causes are obstructed labour,

* E/ICEF/2000/2.

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haemorrhage, sepsis, eclampsia and abortion, as well as insufficient access to emergency obstetric care.

4. The HIV/AIDS epidemic began in the eastern parts of the country among the higher-risk and migrant populations of border areas. Now appearing in all the different social classes as well as in high-risk behaviour groups in all parts of the country, it is starting to spread into the low-risk population groups. By the end of June 1999, the cumulative total of officially confirmed HIV-positive cases was 23,669; the cumulative number of reported AIDS cases was 3,195; and cumulative deaths due to AIDS totalled 1,178. However, estimates by the Joint and Co-sponsored United Nations Programme on HIV/AIDS (UNAIDS)/World Health Organization indicate that the number of people living with HIV in late 1997 was around 440,000, among the highest infection rate in South-East Asia.

5. About 1.3 million children aged five to nine years do not attend school owing to, *inter alia*, an inadequate learning environment, the financial situation of families, working obligations of children and/or their need to care for siblings. About 75 per cent of boys and girls of primary school age enrol in school. Less than 50 per cent of children entering kindergarten complete the final year of primary school. Declining resources have reduced the availability of teaching aids and textbooks and have contributed to understaffing and overcrowding. Parents and communities bear a significant proportion of recurrent costs for school maintenance. The early childhood development programme failed to reach the target of 25 per cent enrolment of pre-school children.

6. Data are limited on children in need of special protection, including those living on the street, orphaned or abandoned, destitute or in conflict with the law. Although the Department of Social Welfare and non-governmental organizations (NGOs) run some prevention and protection programmes for children at risk in major cities, they are insufficient to meet the needs. Young women and girls who migrate to border areas in search of new job opportunities and higher incomes are at risk of exploitation and HIV/AIDS. There is a need to bring certain elements of the Child Law into conformity with the principles and provisions of the Convention on the Rights of the Child. The National Committee on the Convention has initiated this process.

7. Significant efforts have been made to achieve the goals set by the World Summit for Children and the National Programme of Action (NPA), although many of these will remain on the "unfinished agenda" for the next decade. In 1998, vaccination coverage through the expanded programme on immunization reached 85-90 per cent for children under one year of age, and 78 per cent of women of child-bearing age received two doses of tetanus toxoid, resulting in a general decline in immunopreventable diseases. Due to the success of National Immunization Days (NIDs) undertaken since 1996, the transmission of wild polio virus is on the verge of being interrupted. Universal salt iodization (USI) and vitamin A supplementation are expected to reduce micronutrient deficiencies significantly. The 1997 Fertility and Reproductive Health Survey showed that the infant mortality rate had fallen to 71 per 1,000 live births from a 1991 rate of 94. Access to safe drinking water and sanitation increased from 32 and 34 per cent, respectively, in 1990, to 66 and 45 per cent in 1997. Net primary school enrolment rates have increased during the 1990s from 66 to 75 per cent, and the retention rate has reached approximately 40 per cent. Disparities between rural and urban areas, as well as States and Divisions, represent a major challenge to achieving equity in access to basic social services.

Lessons learned from past cooperation

8. Despite a long period of relative isolation and other political constraints, Myanmar possesses good technical capacity and can successfully undertake major initiatives when there are clear objectives and high-level commitment and support, combined with national mobilization and adequate resources. Examples of these are the National Sanitation Weeks, NIDs and efforts to achieve USI and vitamin A supplementation, which have significantly advanced the achievement of the World Summit and NPA goals. Capacity-building of counterparts is required to improve routine services.

9. Cross-border collaboration, such as the joint planning and implementation of NIDs and surveillance of acute flaccid paralysis with China, and HIV/AIDS prevention with other Mekong basin countries, has been fruitful. The approach can be adapted and extended for malaria and issues related to child protection in all border areas, particularly in the Mekong subregion.

10. The transfer of low-cost, affordable and appropriate technologies has been effective in increasing access to safe drinking water and in the construction of sanitary latrines, even among poor households. Private sector involvement has increased the availability of reliable and affordable water and sanitation inputs in the local market, as well as the production of iodized salt.

11. Reaching undeserved areas to reduce disparities must take into account cultural and linguistic diversity, difficulty

of access and communication, limited infrastructure and higher costs of interventions. International NGOs have limited presence and geographical areas of operation, which affect partnerships for programme implementation. This suggests the need for the promotion of strong partnerships with both local and international NGOs.

12. Close contacts with representatives of Executive Board member countries, the diplomatic community and donors — through field visits, briefings, the production of innovative fund-raising materials and donor reports — have helped to create a clearer understanding of the opportunities and constraints in implementing UNICEF programmes of cooperation in the country.

Proposed country programme strategy

13. The overall goal of the country programme will be to create an environment where children and women are protected according to the obligations and responsibilities assumed by Myanmar as a State Party to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and are supported by State institutions to realize their rights to survival, development, protection and participation. It aims to contribute to improving the quality of and access to a minimum package of social services, particularly for those living in selected undeserved areas.

14. The main objectives of the country programme are to: (a) provide undeserved children and women with relevant information and skills on preventive health measures; improve access to a minimum package of essential basic health services to ensure prompt and effective care and treatment of the main diseases and illnesses; strengthen maternal care for safe and clean deliveries; and extend access to safe water and proper sanitation; (b) design and implement cost-effective demonstration models and interventions with the aim of promoting child-friendly households, communities and schools; (c) promote the protection of undeserved children and women, according to their special needs, to safeguard them against exploitation, abuse, hazardous working conditions and the lack of opportunity to fulfil their rights and needs under the two Conventions; and (d) strengthen the capacity of national institutions responsible for the collection, analysis and reporting of data to ensure that the situation of children and women is properly assessed and monitored; and (e) develop comprehensive advocacy, social communication and information strategies to support the objectives of the country programme.

15. There will be three major sectoral components. *Health and nutrition* will comprise universal child immunization; the promotion of the Integrated Management of Maternal and Child Health Initiative; the prevention of sexually transmitted diseases and HIV/AIDS; and the prevention of micronutrient deficiencies and malnutrition. The *basic education and children in need of special protection* component will include early childhood care for survival, growth and development; child-friendly schools; and livelihood and life skills training. The *water, environmental sanitation and hygiene* component will incorporate safe drinking water and environmental sanitation and hygiene. In addition, there will be two cross-sectoral components: *advocacy, information and communication; and planning, monitoring and evaluation*. Specific activities related directly to the Convention on the Rights of the Child will be incorporated in each programme component. The scope of the programme will vary from nationwide coverage to more focused geographical areas based on the availability of resources and the extent of programme actions. Convergence and complementarity will ensure the appropriate use of resources to achieve the proposed objectives.

16. The country programme will employ a mix of interrelated and complementary strategies. There will be advocacy at all levels to promote the fulfilment of the rights and needs of children and women. This will include high-level advocacy for appropriate legislation, policies and plans of action, which will also encourage greater budgetary allocations. Advocacy will also contribute to a clearer understanding among international donors and financial institutions of the conditions under which the UNICEF programme of cooperation is implemented in order to mobilize additional resources. Capacity-building for decision makers and social development partners through participatory training and experience exchange will enhance essential skills for programme management, monitoring and evaluation, upgrading of the data information base, vital registration and communication skills. Community health and education workers in selected townships will receive basic supplies, non-monetary incentives and educational materials to encourage closer interface between the community and service providers. Support for service delivery, in the form of technical assistance, basic supplies and training, will be provided, with a focus on health and education institutions and undeserved populations in both rural and peri-urban areas. This support will be further strengthened by the outposting of staff in strategic locations in the country. Interaction between service delivery personnel and the community will be promoted to facilitate demand creation. Different levels of society will be

mobilized for the participation of children and their communities to achieve greater programme ownership and sustainability, with the support of effective and culturally appropriate communication activities and materials for awareness-raising and information transfer.

17. Alliances and partnerships with national counterparts, NGOs, the private sector and other development partners will be strengthened for concerted action on children's and women's issues. In addition, technical support will continue to be provided to local and international NGOs to strengthen their implementation capacities. UNICEF will continue to participate in the preparation of the Common Country Assessment, in UNAIDS and in inter-agency working groups, thus playing a key role in mobilizing support for children's and women's rights as well as in identifying opportunities for collaborative action with United Nations agencies.

18. The country programme will be reinforced by several multi-agency, subregional programmes, particularly in the areas of HIV/AIDS, Roll Back Malaria and prevention of trafficking of girls and women in the Mekong subregion.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]
(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	13 200	13 000	26 200
Basic education and children in need of special protection	9 400	12 000	21 400
Water, environmental sanitation and hygiene	6 100	5 000	11 100
Advocacy, information and communication	2 100	—	2 100
Planning, monitoring and evaluation	2 200	—	2 200
Total	**33 000**	**30 000**	**63 000**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Viet Nam

Summary

The Executive Director presents the country note for Viet Nam for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. The situation of women and children in Viet Nam has improved considerably over the past decade. Between 1993 and 1998, the poverty level declined from 58 to 37 per cent of the population, while per capita gross domestic product doubled to $352. Over the past decade, the under-five mortality rate has declined from 55 to 48 per 1,000 live births, and the infant mortality rate has dropped from 45 to 39 per 1,000 live births. Primary school enrolment reached 97 per cent in 1998. While Viet Nam's population has grown to 76.3 million, it is expected that replacement level fertility rates will be achieved within the next 10 years. Viet Nam has maintained high immunization coverage; reduced morbidity and mortality from poliomyelitis, neonatal tetanus and measles; increased primary school enrolment; and reduced micronutrient deficiencies. Substantial progress has also been made in expanding access to safe drinking water, improving sanitation and increasing primary school completion rates.

2. While these trends are encouraging, a number of factors place many of these achievements at risk. There are ever-increasing gaps between the rich and the poor, and between rural and urban populations. Ethnic minorities have not shared in many of the benefits of the past decade's developments due to social and cultural divisions, and a lack of knowledge about basic social services and information that promotes behavioural change. Gender discrimination also continues to undermine the well-being of women and their children.

* E/ICEF/2000/2

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3. Protein-energy malnutrition affects 39 per cent of children under five years old, especially those in certain regions and of certain ethnic groups. The underlying causes of malnutrition include inadequate sanitation, unsafe drinking water, suboptimal child care, poor hygiene, a lack of household food security, and the generally poor quality and under-utilization of primary health care services. Maternal mortality remains high, and the official estimate of 90 deaths per 100,000 live births nationally masks major regional variations. Official projections indicate that 200,000 people may be infected with HIV by the end of the year 2000. Persons under 25 years old represent one half of all new cases. As the prevalence of HIV/AIDS continues to rise, so will the rate of mother-to-child transmission of the disease.

4. The availability of day-care centre and kindergarten services has been reduced dramatically over the last 10 years, particularly in rural areas. Children in rural areas account for the bulk of the estimated 800,000 children who never enrol in primary school and of the 34 per cent who never complete the full primary curriculum. The number of children in need of special protection continues to rise due to poverty, lack of education, urbanization, changes in traditional values and lifestyles, and a weakening of familial cohesion.

Lessons learned from past cooperation

5. The current country programme is a combination of national and area-based programmes, which aim at converging services in selected districts. Some sectoral programmes, such as immunization, vitamin A supplementation, salt iodization and water supply, have shown good results. However, the vertical structure of programmes and projects has sometimes led to difficulties in coordinating implementation and management among the various sectors.

6. There is still a need for more concentration of UNICEF-supported programmes in certain areas where problems affecting child survival, growth and development are especially acute. This raises concerns regarding overall programme effectiveness. Programme and project objectives are not always realistic or clearly defined, which creates problems in planning, implementation and monitoring of progress.

7. Long-term funding from other resources involving donors in planning, implementation and monitoring has been shown to improve management and provide more realistic monitoring of results as compared with short-term funding from other resources.

Proposed country programme strategy

8. The country programme strategy has been formulated pursuant to the United Nations Development Assistance Framework (UNDAF), within which the country programmes of United Nations partners will be harmonized to coincide with the national five-year planning cycle beginning in 2001. The primary programme goal will be to support national efforts to reduce under-five and maternal mortality and to enhance the well-being of the most disadvantaged children and women by furthering their rights in line with the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

9. The new country programme will adopt a more integrated approach. To support the national initiative to reduce poverty in selected rural areas and contribute to achieving the primary objective of UNDAF, UNICEF resources will be concentrated in a limited number of priority programmes and projects, and convergent service delivery will target the poorest and most disadvantaged families. Programme strategies will be implemented at three operational levels:

(a) At the family/community level, programmes will strive to provide families with the knowledge, skills and support necessary to ensure the survival, growth and development of their children, and to protect them from neglect, abuse and exploitation. Improvement of maternal and youth health practices will also be promoted. An integrated information, education and communication package will be used by community workers to facilitate and support appropriate actions and practices among families;

(b) At the service provider level, emphasis will be given to increasing the availability, utilization and quality of basic social services by increasing community participation in the management of these services at district and commune levels, backed up with essential technical and supply support;

(c) At the national/policy level, these programmes will encourage and support national institutions and mass organizations to create the policy conditions necessary for successful implementation of activities at family and service provider levels. Programmes will also focus on strengthening government capacity in planning, management, monitoring and evaluation.

10. The new country programme will focus primarily on 66 districts with low social service coverage, but some projects that address the most acute problems will be national in scope. Successful programme initiatives in the selected districts may be used as models for child survival, growth, development and protection to be replicated on a wider scale through additional national budget allocations as well as through additional external funding support.

11. The new country programme will comprise six major sectoral programmes that address the most serious impediments to the fulfilment of children's and women's rights. Geographically-focused programmes and cross-cutting task forces will enhance intersectoral synergy. Especially complex areas such as HIV/AIDS and early child care will be managed within UNICEF at the programme coordinator level to ensure the integration of the various sectoral programme strategies.

12. The main objectives of the *nutrition and health* programme will be to reduce malnutrition, morbidity and mortality attributable to common childhood diseases, and maternal morbidity and mortality, especially in rural and ethnic minority areas. At the family/community level, programmes will focus on strengthening village health worker networks; increasing interaction between communities and health service providers; helping families learn to use home-based prevention techniques to address common childhood illnesses; promoting breastfeeding and complementary feeding practices; and encouraging appropriate responses to women's reproductive health needs. At the service provider level, programmes will encourage community participation in health service management and financing to improve the coverage, quality and sustainability of maternal and child health services (including HIV/AIDS prevention and care, and the prevention of mother-to-child transmission). At the national/policy level, successful district projects will provide input to the formulation of national health and nutrition policies, including the introduction of new vaccines and auto-destruct syringes in the national immunization programme.

13. The *rural water supply and environmental sanitation* programme will aim to achieve universal access to rural water supply and to reduce morbidity due to water-borne diseases by improving sanitation coverage and hygiene practices, particularly in the poorest rural and ethnic minority areas. Programme interventions, aimed primarily at the family/community level, will promote low-cost, environment-friendly technologies to ensure the proper use and maintenance of water supply and sanitation facilities. At the service provider level, emphasis will be given to sustainability and water quality.

14. For the *basic education* programme, the main objective will be to support the Government in its efforts towards achieving the Education for All goals, with a focus on early child care, primary education, basic literacy, numeracy and life skills. At the family/community level, the programme focus will be on improving psycho-social development through enhancing the knowledge and skills of parents and other caregivers, promoting gender equitable roles and strengthening community participation. Activities at the service provider level will focus on improving the quality of inclusive primary education services, including life-skills education, and services for out-of-school adolescents focused on preventing HIV/AIDS transmission and drug abuse. At the national/ policy level, the programme will focus on the role of the State in guiding and subsidizing basic educational services, particularly for the rural poor and ethnic minorities, and in promoting gender equality.

15. The main objectives of the *rights promotion and child protection* programme will be to promote the two Conventions and to reduce the number of children in need of special protection. At the family/community level, the programme will aim to improve the capacity of communities, families and children to promote and monitor children's rights, and to provide protection and care for children in difficult circumstances. At the service provider level, the efforts of various sectors to prevent and protect children from neglect, abuse and exploitation will be reinforced. At the national and policy level, the programme will help to develop capacity for rights monitoring, formulate effective policies and legislative measures, and strengthen law enforcement mechanisms.

16. The main objectives of the *advocacy, communication and social mobilization* programme will be to sustain the overall political commitment in achieving the goals of the National Programme of Action (NPA) and to influence societal attitudes on the issue of children's and women's rights. At the national/policy level, alliance-building and a broad range of communication approaches will be utilized to foster an environment that influences legislation and public opinion in a positive manner, thereby mobilizing resources for children. Support will also be provided to other sectoral programmes in their interactions with the mass media, mass organizations, communities and children themselves to encourage behavioural change.

17. Support for systems development and capacity-building at all levels for monitoring social change related to achievement of the goals of the NPA and the two Conventions will be the primary objectives of the *planning, monitoring and evaluation* programme. This programme will

also support the monitoring and evaluation components of all other sectoral programmes.

18. The country programme will be reinforced by several multi-agency, subregional programmes, particularly in the areas of HIV/AIDS, the Roll Back Malaria initiative and the prevention of trafficking of girls and women in the Mekong subregion.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]
(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Nutrition and health	5 620	15 000	20 620
Rural water supply and environmental sanitation	3 136	12 500	15 636
Basic education	3 587	10 000	13 587
Rights promotion and child protection	2 280	10 000	12 280
Advocacy, communication and social mobilization	1 806	2 250	4 056
Planning, monitoring and evaluation	895	250	1 145
Cross-sectoral costs	3 000	-	3 000
Total	**20 324**	**50 000**	**70 324**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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For information

Country note**

Bangladesh

Summary

The Executive Director presents the country note for Bangladesh for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Despite positive trends in the macroeconomic environment, 60 million people still live below the poverty line, and this has been aggravated by the 1998 floods which have incurred damages in the range of $2 billion to $3 billion. The population growth rate has decreased from 3 per cent 25 years ago to 1.6 per cent.

2. The under-five mortality rate has declined by 25 per cent since 1990. Close to one half of infants are not fully immunized, and there is a high drop-out rate of 30-40 per cent. Pneumonia, diarrhoea and dysentery are the major causes of child deaths. Some 30-50 per cent of children are born with low birth weight, one half of children under six years old are stunted, 50-70 per cent of children and women suffer from anaemia and 52 per cent of women of reproductive age have a body mass index of less than 18.5. Maternal mortality is estimated at 450 per 100,000 live births, and 580 for adolescent girls. Direct obstetric causes account for 70 per cent of maternal deaths, but a significant 14 per cent are related to violence and injury. Progress in maternal mortality reduction is limited. Only an estimated 5 per cent of women with complications receive emergency obstetric care. HIV/AIDS has not yet emerged as a serious problem in Bangladesh; the estimated number of infected individuals is 21,000. However, there is concern about the potential threat, especially in the context of inadequate surveillance and reporting.

3. There is virtual universal access to water from tube-wells, taps or ring-wells, 80 per cent of which are thought to be safe. However, recent surveys detected arsenic contamination in 211 out of 460 *thanas* (subdistrict levels). About 23 million people are potentially at risk of arsenicosis,

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

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and 28 per cent of existing tube-wells are contaminated with excess arsenic. Sanitary latrine use has remained between 30-40 per cent since 1993, and improper solid waste management is an environmental hazard, especially in urban areas.

4. There are major gaps in the knowledge and practice of early childhood care and development (ECCD) for the prenatal to 2-year-old age group. Support to the 3- to 5-year-old age group is limited to activities in a small number of institutions. Strides have been taken towards ensuring the rights of both boys and girls to basic education, although gender equity is an issue in achievement. Around 10 per cent of children (2 million) never enrol in primary school, and at least one third (6 million) who enrol do not complete the primary cycle. Attendance rates are low, averaging less than 60 per cent, and the repetition rates are high. Surveys using the "assessment of basic competency" (ABC) test indicate that only about one half of those who complete primary school achieve a minimum basic education level. School enrolment rates fall drastically from the primary to secondary level. Gross enrolment in the secondary phase (grades 6-10) is only 7 million (38 per cent). There are more than 6.3 million working children under 14 years old, and millions more older adolescents (14-17 years old). Non-formal education offers a flexible option for working children and others outside the formal system, but they still need greater access to further learning opportunities.

5. Despite affirmative actions by the Government, gender discrimination against girls and women, subordination and deprivation persist. The reported incidence of violence, including acid attacks, sexual abuse and exploitation of children appears to be on the increase, but it continues to remain largely hidden. Inter- and intra-border trafficking of children and women continues to be a serious problem. Children and women who come into conflict with the law do not always receive the protection provided for by law. Births of children are generally not registered despite there being a law mandating it. The situation of children and women of marginalized groups, including urban slum dwellers, refugees, ethnic minorities, river gypsies (*badhes*), and those living in remote and hard-to-reach areas, is far worse than the national average.

Lessons learned from past cooperation

6. The mid-term review recognized the need for streamlining and coordination of programmes, both within UNICEF and with development partners, to minimize pressure on implementation systems and promote synergy in interventions. Evolving models such as the Safe Learning Environment initiative, which promotes behaviour development in hygiene and safe sanitation through existing education interventions, show promise in converging content and services in schools.

7. To address a large-scale emerging challenge, e.g. arsenic contamination of groundwater, the establishment of a coordination mechanism within government agencies, civil society and development partners is of paramount importance.

8. The lack of progress in increasing the use of sanitary latrines has highlighted the importance of creating demand through the promotion of behaviour development and raising awareness. Furthermore, a recent evaluation of the water and environmental sanitation programme carried out in 1998 by consultants to the Danish International Development Agency, the main provider of other resources for the programme, concluded that the future priority of the programme should be on building the capacity of institutions responsible for programme implementation rather than focusing on the provision of supplies.

9. The current country programme supported a yearly multiple indicator cluster survey to monitor the status of children and women, and build the capacity of the Bangladesh Bureau of Statistics (BBS). While a change in many of the indicators was not expected on a yearly basis, the sharing of results, especially at the subnational level, maintained awareness of the rights of children and women. This process also strengthened the capacity of subnational BBS counterparts.

10. One of the original strategies of the current country programme, the accelerated district approach, emphasized local-level participatory planning. This strategy was only partially implemented because the necessary decentralization of the government structure did not fully materialize. This emphasizes the importance of developing realistic assumptions and ensuring adequate ownership of country programme strategies by all stakeholders.

11. The scaling-up of projects and interventions judged to be worthwhile needs careful selection and phasing to keep pace with institutional capacities. In order to go to scale with projects such as intensive district education for all and basic education for hard-to-reach urban children, UNICEF and the Government must enlist the support of other partners to mobilize the necessary resources.

12. The urban basic services and integrated community development projects (the latter in the Chittagong Hill Tracts) established new management and implementation

structures. Evaluations of these projects have highlighted the importance of implementing activities through existing government structures.

13. The large procurement services operation (averaging $30 million a year for vaccines, cold-chain equipment, drug kits, etc.) has contributed to the national capacity to deliver services. However, adequate capacity needs to be in place in UNICEF to ensure that the supply operation, which relates directly to the implementation of the country programme, is not jeopardized.

Proposed country programme strategy

14. Together, the Government and UNICEF managed the process of assessing and analysing the situation of children and women, prioritizing the identified problems and developing the goals, objectives and strategies for the 2001-2005 country programme of cooperation. This process was undertaken at national and subnational levels in consultation with a wide range of stakeholders, including non-governmental organizations (NGOs), youth, community leaders, bilateral donors and other United Nations agencies. The Concluding Observations (1997) on the State Party Report on the Convention on the Rights of the Child, the National Development Plan (1997-2002) and UNICEF corporate priorities (as indicated in the 1998-2001 medium-term plan (E/ICEF/1998/13 and Corr.1)) were inputs to the process. In addition, the United Nations Country Team made special efforts to finalize the Common Country Assessment and the United Nations Development Assistance Framework in time to serve as the framework for the development of United Nations Development Programme, World Food Programme and UNICEF country programmes.

15. The goal of the country programme is to contribute to the realization of children's rights, the fulfilment of their potential and the empowerment of women. The overall objective is to support specific activities that promote and protect their survival, development and protection and help build a culture of respect for children's and women's rights. An integrated approach will be taken, focusing on critical stages of the life cycle. A gender perspective will be applied. Children and women experiencing the broadest and severest violations of their rights will receive priority attention, including those living in disadvantaged areas such as urban slums, Chittagong Hill Tracts and in especially difficult environments such as street children and working children.

16. The programme components that will promote *survival* include health and nutrition; and water, hygiene and sanitation. The health and nutrition programme will include improvement of child health, nutrition and safe motherhood. The water, hygiene and sanitation programme will consist of interventions for safe water, with special emphasis on arsenic mitigation; and hygiene and sanitation, with a focus on behavioural development. Given that the magnitude, complexities and extent of arsenic contamination are far from fully understood, special efforts will be made in the next country programme to rapidly evolve an arsenic mitigation approach that is effective, socially acceptable and sustainable. This will include continuation of support to the rapid testing of existing tube-wells, installation of alternative safe water supplies, communication to raise awareness about arsenic poisoning and building the capacity of health providers to better address this issue. Promoting emergency preparedness and response will continue to be an integral part of the country programme.

17. The programme components that will promote *child development* will include support to early childhood mental development and an enabling family environment; and improving the access, equity and quality of basic education. The latter will focus on improving the quality of primary education and increasing access to learning opportunities for hard-to-reach children.

18. The programme components that will promote *protection* will include support for the development of a national system for birth and marriage registration, building capacity within Government and civil society to adequately protect children and women from exploitation, discrimination and violence; and initiatives to increase the age of marriage by broadening available choices for female adolescents (e.g. participation rights, development of life skills).

19. The *planning and advocacy* programme will support monitoring and reporting on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; analyse national policies such as budget allocations; and contribute to building the capacities of the Government and partners to plan and manage interventions for children and women. Disseminating lessons learned from programme implementation and evaluating the overall effectiveness and impact of the UNICEF contribution will be prioritized. All aspects of the country programme will be supported by an advocacy component focusing on putting children's and women's issues high on the national agenda, and promoting practices and resource allocations at all levels of society to further the realization of children's and women's rights.

20. The following strategies will be used: (a) advocacy, social mobilization and communication for behaviour development; (b) scaling-up of key components of pilot interventions, consolidating and maintaining continuity in certain areas; (c) piloting and innovating (e.g. child protection, ECCD); (d) networking and building alliances to leverage resources for children and women with all development partners, including bilateral and multilateral agencies, NGOs and civil society; and (e) building institutional capacity for service delivery.

21. The country programme will work increasingly with the decentralized local government structures and elected people's representatives at various subnational levels (including municipal and city corporations). In this respect, the current UNICEF field structure, which has 30 outposted staff working in partnership with local government, will provide an appropriate foundation.

22. UNICEF will continue to work closely with other United Nations agencies, specifically through the United Nations Theme Group on Arsenic and the Joint and Co-sponsored United Nations Programme on HIV/AIDS; the United Nations Population Fund, the World Health Organization and Columbia University (United States) on maternal mortality reduction; the World Bank, particularly on the National Nutrition Programme; and the United Nations Educational, Scientific and Cultural Organization and the International Labour Organization on basic education, especially for working children.

23. Continuing the close relationship between UNICEF and bilateral donors in-country and exploring new sources of funding, such as the expanding private sector, will be critical to the success of the programme.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]
(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Survival	24 000	100 000	124 000
Child development	16 000	30 000	46 000
Protection	5 000	7 000	12 000
Planning, advocacy and cross-sectoral costs	17 500	3 000	20 500
Total	62 500	140 000	202 500

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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For information

Country note**

Albania

Summary

The Executive Director presents the country note for Albania for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Albania, one of the poorest countries in Europe, continues to undergo a turbulent period of institutional and economic change. Emerging from 40 years of isolation to open elections in 1992, Albania initially experienced rapid economic growth that was short lived. The nationwide anarchy that followed the collapse of financial pyramid schemes in 1997, preceded by a period filled with many challenges, including a severe polio epidemic in 1996, are examples of the heavy burden that the country has had to bear. The lack of resources, inflation, unemployment and income inequality became common features of the situation.

2. The influx of up to 500,000 refugees from Kosovo (spring 1999) placed an additional social burden on Albania's weakened economy. Despite the rapid return of refugees three months later, the economic and social impact on Albania was dramatic, with investments in the social sectors drastically reduced. However, the Kosovo crisis mobilized Albanian society to support refugees. Albanian solidarity with those in need has generated a renewed sense of confidence and national pride, including social sector workers and young people. Despite the deterioration of basic social services, the Ministry of Health estimates that between 1994 and 1998, the infant mortality rate has declined from 34 to 20.5 per 1,000 live births, and the maternal mortality rate is down from 40.5 to almost 22 per 100,000 live births. The actual rates are believed by many to be much higher. Acute respiratory infections are the main cause of infant mortality. Malnutrition and micronutrient deficiencies remain serious public health problems, especially iodine deficiency. In northern Albania, a 1997 assessment revealed that almost 18 per cent of children

* E/ICEF/2000/2

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under the age of six years were under weight, with a 22 per cent stunting rate and a more than 7 per cent rate of wasting.

3. Socio-economic hardship is rolling back a tradition of almost universal access to education. According to official statistics, between 1994 and 1998, pre-school attendance dropped from 60 to 39 per cent, and from 100 to 94 per cent in primary schools, although drop-out rates are estimated to be much higher. Poor quality of education, low morale among teachers, chronic under-funding and the perceived lack of relevance of the curriculum are all cited as determining factors.

4. Drug abuse, prostitution and juvenile delinquency are increasing rapidly, as are the numbers of children living or working on the street. Education authorities have reported increasing absence among children who are peddling goods and offering other services on the streets. Underlying this situation of children is the social inequity facing women in many places in this country that for so many years was isolated from the outside world.

Lessons learned from past cooperation

5. The Government's principal preoccupation with structural macroeconomic development has resulted in less attention to the social sectors. UNICEF advocacy and technical support will be required in the institutional development and capacity-building of national partners dealing with children's and women's rights. UNICEF should support the dissemination of information, preventive and rehabilitative services, and the establishment of child strategies in relation to labour, juvenile justice, violence and children living on the streets.

6. The development of "child-friendly spaces" during the recent refugee crisis underscored that the integration of services for children was key to cost-effectiveness and efficiency. UNICEF will build on this experience in the development of integrated community services for children and youth in Albania.

7. The destruction of schools and health facilities during the 1997 crisis, often by those they had served, highlighted the need to build a sense of community and youth ownership. The need for a civil society coalition for children's rights in support of this effort is evident. To achieve this, the capacity of Albanian non-governmental organizations (NGOs) and the media will be strengthened.

8. Albanian culture strongly values children, which can be a force for social development and children's rights. This will be reflected in UNICEF programme planning and implementation. Promotion of the role of the family and family-based support mechanisms for children will be a priority.

9. Generally weak national applied social research and analysis, together with the outdated statistical methodologies, limit the Government's abilities to formulate and implement viable and sustainable social policies and strategies for children's rights. Therefore, UNICEF will seek to enhance the capacities of both governmental and non-governmental institutions to collect and analyse social data, and to monitor the situation of children.

Proposed country programme strategy

10. The 2001-2005 country programme will be built around the rights-based approach and guided by the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The recommendations on the programme have been agreed upon at consultations with the Government and other partners.

11. In order to take into account the complexity and specificity of the social situation in Albania and foster a holistic approach to children's issues, the new country programme structure will be designed around children's life cycle, within an overall integrated community approach. Intersectoral priorities related to the rights of children will be addressed in a convergent manner, with due attention to the political, economic, social and other factors affecting children at certain stages of their life.

12. The programme will focus on the cross-cutting issues that span the stages of the life cycle. It will promote the key role of the family in the protection and development of the child. Activities will aim to empower families through improved information on child-related issues and the development of appropriate governmental policies and social development strategies. The gender perspective will be also streamlined on a cross-sectoral basis. The programme will build on its current strategies to support the Government in the promotion of women's health, advocate for an increased role of women in both families and society, and further strengthen women's associations and networks. The development of women's centres providing emergency shelter, first aid and counselling for women victims of violence and neglect will also be supported.

13. Programme strategies will include: (a) advocacy for the reform of social policies and legal frameworks related to health, education, juvenile justice and social protection

for children and women; (b) capacity-building of national partners, with an emphasis on the monitoring of children's rights; (c) the empowerment of children, adolescents and families through information, education and communication activities; (d) support to accessible social services through cost-effective and decentralized approaches; and (e) the provision of knowledge to youth to encourage their participation in the social development and promote healthy lifestyles.

14. The *early childhood care and development* (ECCD) programme will encompass activities that ensure the rights of the youngest children to life and to unhampered physical, psychological, social, emotional and cognitive development. It will support the development of the Integrated Management of Childhood Illnesses adapted to the Albanian context. Attention will be given to a reform of the primary health care (PHC) system in selected areas. Interventions will be supported that address micronutrient deficiencies, including intensified efforts to achieve universal salt iodization and prevent iron deficiency anaemia. Activities related to ECCD will be supported through the mobilization of families and communities. Support will also be extended to the adaptation and application of the Better Parenting Initiative.

15. The *development and participation for children and youth* programme will include interventions aimed at guaranteeing school-age children and adolescents their rights to development and participation. Based on the recommendations of the recently concluded education sector study, the programme will support reform of the primary education curriculum and the introduction of participatory teaching methods. It will aim to address the emerging issue of discrimination in access to education through the expansion of the schooling of street children project. Education authorities will be supported in promoting child-to-child learning to develop the creativity and personality of children. Schools will be used as an entry point for child and youth health and life skills education. To ensure that young people's views are taken into greater account, and to promote their interaction, the development of youth assemblies in 12 prefectures and at the central level will be supported.

16. The *protection for children and youth* programme will respond to the special needs and problems of those children most affected by societal changes. The programme will address the rights of children and youth to be secure from violence, exploitation and abuse. Support will be provided for the development of social protection mechanisms for children, youth and women. Programme activities will include support to drop-in centres in urban areas, and the provision of referral and counselling services for emigrants and returnees. Reform of the juvenile justice system will also be supported. The elimination of violence, trafficking, feuding and crime will become main themes of social mobilization and advocacy efforts at the community level.

17. The programme will also focus on the dissemination of healthy lifestyle messages and linking young people with social sector professional caregivers, the media and NGOs. The programme will seek to promote appropriate adolescent lifestyles and health services for young people. Special attention will be given to the prevention of sexually transmitted diseases and HIV/AIDS. This will be complemented by ongoing training in psycho-social counselling for professionals working with children, adolescents and women.

18. The *integrated community services* programme will operationalize the main programme strategies and activities in a targeted manner at the provincial level. The programme will focus on bridging regional disparities through balanced technical support to local health and education structures, capacity-building of local authorities and empowerment of professionals. Integrated community services will provide children, adolescents and women with access to community-based health facilities, as well as to social and legal protection services. The family resource centre project in Shkodra, where social workers provide counselling and support to vulnerable families, will be replicated.

19. Inter-agency cooperation, including with United Nations partners and financial institutions, will be promoted in order to maximize the prospects for child-focused social development. The country programme cycles of UNICEF and the United Nations Development Programme will be harmonized. UNICEF, the United Nations Population Fund, the World Health Organization, the United Nations Office for Project Services and the World Bank will undertake actions in HIV/AIDS prevention, emergency preparedness, basic education, PHC and the reduction of iodine deficiencies, and will conduct a series of collaborative assessments.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Early childhood care and development	650	3 000	3 650
Development and participation for children and youth	1 000	3 000	4 000
Protection for children and youth	500	3 000	3 500
Integrated community services	190	4 500	4 690
Cross-sectoral costs	1 000	1 500	2 500
Total	**3 340**	**15 000**	**18 340**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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For information

Country note**

Georgia

Summary

The Executive Director presents the country note for Georgia for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. The children and women of Georgia continue to experience the negative social consequences of transition to a market economy. An estimated 50 per cent of the population live in poverty, unemployment is over 12 per cent and the average monthly salary is equivalent to $28. Gross national product (GNP) is growing, but is only around one third of what it was in 1989. In 1997, per capita GNP was reported to be $860. Although the authorities are committed to pursuing the reforms, the shortfall of revenues has resulted in a level of available funding for health care of $7 per capita and for education of $13 per capita in 1998. The situation is exacerbated by conflicts in Abkhazia and South Ossetia, which resulted in the internal displacement of 300,000 people.

2. In 1994, Georgia ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The legislative framework for the implementation of both Conventions is largely in place, with recently adopted specific laws and implementation mechanisms on foster care, the marketing of breastmilk substitutes and the universal iodization of salt. However, integrated information and monitoring systems for social planning and policy development have yet to be developed.

3. Due to transitional impediments, major health indicators have deteriorated. Since 1995, the infant mortality rate has increased from 22 to 23 per 1,000 live births and the under-five mortality rate from 26 to 29 per 1,000 live births. The leading causes of death are conditions originating in the perinatal period (43 per cent), respiratory diseases (15 per

* E/ICEF/2000/2.

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cent) and intestinal infections (7 per cent). The 1999 multiple indicators cluster survey found that expanded programme on immunization (EPI) coverage was 75 per cent.

4. Child nutrition remains problematic, with acute and chronic malnutrition at 3 and 15 per cent, respectively. The prevalence of iodine deficiency disorders among children is 47 per cent, and only 9 per cent of babies are breastfed exclusively four months after birth.

5. The maternal mortality rate has almost doubled since 1991 to 70 deaths per 100,000 live births (1997). An analysis of maternal deaths indicated that almost 23 per cent were related to abortions, which remain the major method of contraception. The percentage of unattended home deliveries is increasing, due mainly to the inherent cost. Anaemia affects the majority of pregnant women.

6. The problems of youth are of increasing concern and include drug abuse, juvenile delinquency, adolescent pregnancy and sexually transmitted diseases. In Georgia, 84 per cent of boys and 78 per cent of girls in the 14- to 16-year-old age group smoke. About 6 per cent of schoolchildren use drugs, and 68 per cent of HIV-infected people are intravenous drug users.

7. In 1998, the primary school enrolment rate was estimated at 83 per cent, with regular attendance through grades eight and nine at 43 per cent. Pre-school education is reaching 19 per cent of the relevant age group, with a sharp decline in rural areas. The system continues to suffer from a lack of supplies, outdated curricula of little relevance to the challenges of the transition and didactic teaching methodology. School facilities are deteriorating. Chronic under-funding, low teachers' salaries and inadequate training have severely affected staff motivation.

8. The disadvantaged children include 100,000 internally displaced. There are 6,000 children in public care who are often vulnerable to inferior education and inadequate care. Some 8,000 children with disabilities reside at home. An estimated 2,500 children are working in the streets, and many children are frequently absent from schools to help earn money for their families. Parents lack the confidence in their abilities to raise children, and continuous impoverishment contributes to the admission of their children to institutions -- a "social net".

Lessons learned from past cooperation

9. In line with social reforms, UNICEF cooperation continues to balance support to service delivery with strategies to enhance the capacities of governmental institutions, communities and families to ensure quality care and sustainability of services. UNICEF support to the development of civil society has been valued and will continue. Increased efforts have to be made to establish coordination and networking mechanisms between international agencies and national civil society institutions.

10. With ever-decreasing responsibilities earlier assumed by the State, there is a need to empower parents, families and communities to assume greater responsibility for children's health and development. Social mobilization strategies should increase public awareness of priority social development problems and emerging challenges such as HIV/AIDS.

11. In the current context of social reforms and policy development, it is of special importance to strengthen integrated management information systems as an important element in the quantitative and qualitative evaluation of adequacy and sustainability of the new approaches to social development and the protection of children and women.

Proposed country programme strategy

12. The strategy for the 2001-2005 country programme is based on technical assessments, reviews and meetings with the Government and other partners. The strategy meeting, chaired by the Deputy State Minister, with the active participation of United Nations agencies, the World Bank, international and national non-governmental organizations (NGOs), and representatives from donor countries, confirmed the strategies proposed for new country programme.

13. The overall goal of the country programme will be to strengthen social delivery systems, and to support national and local authorities, communities and families in fulfilling their responsibilities to children and women as defined by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Particular attention will be given to programming from the life cycle perspective. Programme design and management will be directed towards ensuring that the rights of children during each of the three major stages of childhood — infancy and early childhood (from conception to five years old), pre-adolescence (6-12 years old) and youth (13-18 years old) — will be addressed in a holistic and integrated manner.

14. The proposed strategies will focus on cross-cutting issues that span the stages of the life cycle and reflect the

social priorities and consequences of transition: (a) strengthening governmental capacities (at both central and local levels) to develop and implement social policies to ensure that the rights of children and women are safeguarded; (b) supporting accessible and efficient basic social services through the introduction of innovative and cost-effective approaches; (c) empowering parents, families and communities to ensure that the best possible environment is guaranteed for the healthy growth and development of children; (d) providing information and knowledge to youth to encourage their participation in the decisions that affect their lives; and (e) strengthening partnerships among the Government, NGOs and other institutions to maximize collaborative efforts for children and women.

15. To achieve the overall goal of the country programme, five closely interrelated programmes are proposed: social policy development; maternal and child well-being; child development; young people's health and development, and children in need of special protection.

16. The *social policy development* programme will support the revision of laws to comply with the provisions of the Convention on the Rights of the Child, as well as the development of new regulations and national legislation for children enforcement. The programme will support the development of national plans for children and the introduction of cost-effective social policies. In order to create appropriate mechanisms for the delivery and coordination of basic social services, special attention will be given to capacity-building of local governmental institutions and NGOs. The Government will receive support for advocacy, social mobilization and awareness-raising for the Convention on the Rights of the Child.

17. The *maternal and child well-being* programme will contribute to the reduction of maternal, infant and under-five mortality. It will aim at improving access to and the quality of obstetric and newborn care, and developing sustainable immunization services. The management of childhood illnesses and community health education will also be targeted. In collaboration with the World Health Organization (WHO), UNICEF will assist the Government to implement the Integrated Management of Childhood Illnesses strategy. Breastfeeding practices and the Baby-Friendly Hospital Initiative will continue to be promoted. The universal use of iodized salt and the prevention of anaemia will be addressed through salt iodization and food fortification with iron, and public awareness-raising.

18. The *child development* programme will aim at promoting the cognitive development of children during all stages of childhood. For early childhood, the focus will be on informal pre-school education, with the involvement of communities and home care practices through the Better Parenting Initiative. The development of information and education packages for parents and networking will be supported. Close cooperation will be forged with the media, and especially with television, which reaches 95 per cent of the population. Assistance to primary education will focus on improving the quality of services, introducing new teaching methodologies and learning life skills.

19. The *young people's health and development* programme will promote health education through curricular and extra-curricular activities to foster personal responsibility for young people's health. Special attention will be given to HIV/AIDS control and the prevention of drug abuse. The Government will be supported to increase young people's access to health services by providing user-friendly health facilities for the most common diseases. Information, education and communication packages will be developed. Cooperation will be established with youth NGOs to develop peer education, and collaborative projects will bring adults and adolescents together to work on problems related to young people's health and development. A system to monitor young people's problems will be established to stimulate dialogue in society about hazardous behaviour that undermines young people's health and development.

20. The *children in need of special protection* programme will support the most vulnerable children. Strategies for children in institutions will consist of developing realistic and viable alternatives to institutionalization, including adoption and fostering. With regard to street children, working children, children with disabilities, internally displaced children, and abused and neglected children, professionals will be trained to enable them to involve communities and address the needs of children. National capacities will be developed to provide psycho-social assistance to children in crisis and with psychological trauma.

21. UNICEF will continue to cooperate closely with other United Nations agencies, international and local NGOs, and donor organizations. This cooperation will include common activities with WHO in maternal and child health and young people's health; with the United Nations Population Fund in reproductive health; with the Joint and Co-sponsored United Nations Programme on HIV/AIDS in the prevention of HIV/AIDS; with the United Nations Educational, Scientific and Cultural Organization in quality education; with the United States Agency for International Development in EPI; with Save the Children in NGO

participation in the implementation of the Convention on the Rights of the Child; and with the United Nations Development Programme and the World Bank in the development of reform approaches in the social sector.

22. To sustain cost-efficiency in its operations, the UNICEF Caucasus area office will continue to share common premises and services with the UNICEF Georgia country office. Responsibilities for the management of programme components and operations will rest with the area office.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Social policy development	620	250	870
Maternal and child well-being	470	2 125	2 595
Child development	810	1 500	2 310
Young people's health and development	375	625	1 000
Children in need of special protection	725	1 500	2 225
Cross-sectoral costs	380	1 500	1 880
Total	**3 380**	**7 500**	**10 880**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Turkey

Summary

The Executive Director presents the country note for Turkey for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Turkey, a middle-income country with an annual per capita gross national product of $2,830, has a population of 62.3 million people. The population growth rate is around 1.5 per cent. More than one half of the population are under 25 years of age and one third are under 18 years old.

2. The overall socio-economic situation is reflected by the ratio of public expenditures on basic social services, which has declined from 28 per cent in 1992 to 19 per cent in 1996. Education expenditures increased from close to 8 per cent in 1996 to almost 9 per cent in 1998, while that of health declined slightly from 3 per cent between 1996 and 1998. The high inflation rate continued to threaten the purchasing power of the Turkish lira. The earthquake that struck the western and most prosperous regions of the country in August 1999 has also brought economic and social hardship to the people.

3. The country continues to experience significant migration from rural to urban areas and from the eastern regions to the west. About 65 per cent of the population live in urban areas (1997, State Institute of Statistics). Istanbul, Ankara, Izmir and Adana host a large number of migrants settling in urban peripheral settlements called *Gecekondus*, which offer limited social infrastructure services. During 1990-1997, the population of major cities grew by 4 per cent annually.

4. Child- and women-related administrative and implementing structures of the Government of Turkey have been strengthened through the establishment of the Child Inter-Sectoral Board, which reviews policies and monitors implementation of programmes for children, and the creation

* E/ICEF/2000/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

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of the Social Welfare Department to monitor compliance with the Convention on the Rights of the Child. Among the major reforms that will have a bearing on the situation of children and women is the Local Reform Bill, which will decentralize more power to local authorities.

5. Maternal mortality has declined from 100 per 100,000 live births in 1990 to 54 in 1998. Infant and under-five mortality have declined from 47 and 55 per 1,000 live births, respectively, in 1993 to 43 and 52, respectively, in 1998 (Turkey Demographic and Health Survey). More than 50 per cent of infant deaths occur during the perinatal and neonatal periods. The main causes of infant deaths are birth trauma, pneumonia, diarrhoea and malnutrition. Some 44 per cent of children under one year old are not registered.

6. Turkey remains the only country in Europe in which wild polio virus is still circulating. Immunization coverage for all types of vaccinations (anti-tuberculosis, combined diphtheria-pertussis/tetanus, polio, measles) has declined from 65 per cent in 1996 to nearly 46 per cent in 1998 (1999, Turkey Demographic and Health Survey). Exclusive breastfeeding has declined from almost 14 per cent to around 9 per cent for children under four months old. Anaemia is prevalent among 50 per cent of pregnant women (1998, Ministry of Health).

7. Approximately 10 million people are illiterate. The illiteracy rate among women 15 years old and above is around 26 per cent, far higher than the male illiteracy rate of 6 per cent. During the 1998/99 school year, the eight-year primary school enrolment rate is almost 88 per cent (93 per cent for boys and 82 per cent for girls). However, the proportion of children who never attended school has increased from 6 per cent in 1990 to 9 per cent in 1997.

8. The situation of children and women, while improving, shows an imbalance reflected in geographical and socio-economic disparities. Chronic malnutrition (stunting) affects 10 per cent of children 0-5 years old in the west and 30 per cent in the east. The infant mortality rate (IMR) varies from 33 per 1,000 live births in the west to 62 in the east. In the western regions, women's literacy and fertility rates are 84 and 2 per cent, respectively, and 45 and 4 per cent, respectively, in the eastern regions.

9. Problems affecting young people include the lack of a supportive family and community environment, drop out from the formal school system, abuse and neglect. Some 32 per cent of children aged 6-14 years are engaged in economic and domestic work, with 81 per cent of them in rural areas. It is estimated that 134,000 children aged 12-18 years are in conflict with the law. Growing numbers of adolescents are at risk of HIV/AIDS and drug abuse.

Lessons learned from past cooperation

10. Advocacy activities contributed to policy changes such as eight-year compulsory primary education and the nationwide expansion of the mothers' training programme. In 1998, advocacy activities led to the adoption of legislation that made the iodization of all salt produced in Turkey compulsory. National Immunization Days launched in 1998 proved to be an effective strategy for mobilizing public support for the eradication of polio.

11. Research and programme interventions for children and youth in need of special protection, including children living and working on the street, as well as children and youth in conflict with the law, have provided opportunities to build stronger partnerships with non-governmental organizations (NGOs). These need to be continued to sustain the gains from programme experiences.

12. Area-based management strategies, decentralized planning and resource allocations to support services for children and women at the local level resulted in the improvement of social development indicators and regional disparity reduction. Now, there is a need to promote and work towards the institutionalization of these approaches for nationwide replication, including advocacy for policy development.

13. Intersectoral coordination within the Government resulted in the improved delivery of basic social services. Progress of government initiatives in health and education all point to the need to intensify efforts to shift from the strategies of concentrating on specific disease control and sectoral interventions to an integrated set of activities focusing on home, community and basic health referral service units.

Proposed country programme strategy

14. The 2001-2005 programme of cooperation aims to contribute to the development of an environment that allows children and women to fulfil their rights. This involves the integration of the provisions of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women into national and local development policies and plans, with appropriate budgeting of resources and monitoring systems. The new

programme will be built around a human rights-based approach and will aim to contribute to the achievement of unmet year 2000 goals of the World Summit for Children and implementation of the National Plan of Action for Children.

15. Programme objectives include: (a) to reduce IMR by 30 per cent and the under-five mortality rate by 50 per cent; (b) to reduce severe and moderate malnutrition among children under five years old by 50 per cent; (c) to reduce the prevalence of micronutrient deficiency malnutrition among children and women, and female illiteracy by 80 per cent; (d) to increase primary school enrolment to 100 per cent; and (e) to increase the knowledge and ability of families to provide early childhood care and development. UNICEF will continue to advocate for policy development at the national level towards implementation of the two Conventions, and will contribute to strengthening the capacity of national and local institutions and NGOs, as well as to reducing regional and gender disparities.

16. The ongoing analysis of the situation of children and women, lessons learned from past cooperation and the United Nations Common Country Assessment (CCA) identify the major challenges of the new programme of cooperation: (a) persistent disparities in terms of socio-economic, geographical and gender aspects; (b) emerging issues related to child protection from abuse and neglect, adolescent health and development, and early marriages; (c) the lack of instruments to monitor implementation of the two Conventions; and (d) emergency preparedness and social rehabilitation in the areas affected by the August 1999 earthquake.

17. The programme strategy is based on the life cycle approach and will focus on enhancing the ability of families and communities to care for and protect children and adolescents. The Government, NGOs, and bilateral and multilateral organizations are capable of expanding the "supply side" of service delivery at the national level. Therefore, UNICEF will shift its focus to the empowerment of families and communities (the "demand" side), enhancing local capacities particularly in provinces with the worst social indicators. The strategy will also focus on supporting national policy development and capacity-building activities in the areas related to the health and development of adolescents and children in need of special protection. Finally, the strategy will involve advocacy and social mobilization to build alliances for the two Conventions.

18. The programme of cooperation will comprise three major components: early childhood care (ECC); child and adolescent development and protection; and policy development and social mobilization. These components are within the CCA recommendations and the United Nations Development Assistance Framework.

19. *ECC* covers the 0- to 8-year-old age group. The programme will promote an integrated approach to the provision of care for the survival, growth and development of children and will aim to enhance the abilities of families and communities to provide better care for maternal and child health and nutrition. In collaboration with the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the Food and Agriculture Organization of the United Nations, UNICEF support will include: the integration of common messages in health, nutrition, and the psycho-social and cognitive development of very young children; the training of health, education and social workers at the community level; the training of mothers; and female functional literacy. The programme will support the development of policies and new interventions to combat malnutrition, and perinatal and neonatal mortality. Special attention will be given to preparing children to enter primary school.

20. The *child and adolescent development and protection* programme will promote a better understanding of the nature and extent of the problems of vulnerable children and adolescents at the national level. Through applied research and policy analysis, UNICEF, in cooperation with WHO, UNESCO and the International Labour Organization will support the development of national policies and capacities to deal with the emerging problems of children in need of special protection. The concept of a "child-friendly learning environment" will be promoted through learning centres for open education, enhanced community participation and parent-teacher associations. Specific interventions will be developed for children living or working on the street, working children, and children and adolescent at risk of abuse and exploitation. Peer education among young people will be promoted to prevent HIV/AIDS. The programme will also promote health and the development of girls.

21. The *policy development and social mobilization* programme will aim at disparity reduction, and better monitoring and evaluation of implementation of the two Conventions. In collaboration with the entire United Nations system in Turkey, the programme will include the development of methodologies and materials for local capacity-building, the institutionalization of area-based approaches to planning and resource allocation for basic services for children and women, and the development of the Government's local reform agenda. The existing child information network will be strengthened to ensure

continuing improvement in the database for children, monitoring and evaluation.

22. UNICEF, together with the other United Nations agencies, will support the development of the methodologies for emergency disaster preparedness, including the institutionalization of psycho-social interventions for the population affected by the earthquake in Turkey. Special attention will be given to advocacy and social mobilization through building alliances with the media and civil society organizations.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Early childhood care	1 125	6 200	7 325
Child and adolescent development and protection	675	6 200	6 875
Policy development and social mobilization	1 575	1 550	3 125
Cross-sectoral costs	1 125	1 550	2 675
Total	**4 500**	**15 500**	**20 000**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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For information

Country note**

Syrian Arab Republic

Summary

The Executive Director presents the country note for the Syrian Arab Republic for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Over the past decade, the Syrian Arab Republic has achieved considerable progress in social development. In 1997, the population was estimated at 15.3 million and the gross national product per capita was $1,120. Infant and under-five mortality rates, estimated at 34 and 42 per 1,000 live births respectively in 1990, declined to 26 and 32 by 1998. With high immunization coverage rates and no polio cases reported since 1995, the country is certified as polio-free. Primary education is compulsory, and the 1996 multiple indicator cluster survey (MICS) reported high primary school net enrolment rates (95 and 98 percent respectively for girls and boys). Yet maternal mortality rates remain higher than in some other countries of the region.

2. Progress has been uneven across the country, and geographic disparities persist. The rural north and north-east (five governorates that account for almost half the country's total population) lag in a number of social indicators. A 1996 Ministry of Health study found that under-five mortality was one third higher in rural areas than in urban areas. The 1996 MICS showed that in the north and north-east governorates, up to 19 per cent of children were underweight and 26 percent were stunted, in contrast to 13 and 21 percent nationwide. The region has fewer than one quarter of government health centres. Access to health services is about half that of other governorates, and in rural areas it is two thirds that of urban areas. The country's recent economic difficulties and drought have also had a disproportionate impact on rural groups living in these governorates.

* E/ICEF/2000/2

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

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3. Government sources show that the major causes of infant and child mortality in 1996 were premature birth, obstetric conditions, congenital malformations (often linked to consanguinity and administration of drugs during pregnancy), septicaemia, diarrhoeal disease and acute respiratory infections. Such findings highlight the need for improved maternal and child health services and better home care. Data are scarce on adolescent health issues, including HIV/AIDS.

4. The quality of health services in the Syrian Arab Republic remains a concern. A 1995 study by the Ministry of Health and World Health Organization (WHO) on the country's health centres found that the quality and range of services were very limited, more so for maternal health. Ministry data show that only 67 per cent of births are attended by trained health personnel. Challenges also remain in improving home-care practices and the early childhood environment. The 1996 MICS showed that only 17 per cent of mothers in the north treated their children's diarrhoea correctly with oral rehydration therapy. Despite the implementation of a national salt iodization programme in 1993 to combat high goitre rates in children, a 1997 survey found only 40 per cent of households consumed iodized salt.

5. Primary school drop-out rates are higher among girls in the north and north-east. In 1997, for example, drop-out rates were 53 per cent for girls and 17 per cent for boys in Al Qusra district, in the north-eastern governorate of Deir Ezzour. Other challenges facing the education system are the quality and relevance of primary schooling. Classroom teaching is geared towards learning by rote, and the curriculum is not oriented towards the knowledge and skills needed in daily life. Many primary schools lack learning materials and textbooks.

6. A 1998 national survey found that 0.3 per cent of children under 12, 7 per cent of children between the ages of 12 and 14, and 19 per cent of children between the ages of 15 and 17 were employed as workers. Children are deemed responsible for their crimes from the age of seven, and they may spend a year or more in detention, often in harsh conditions and in contact with adult criminals, before being brought to trial. To date, scant attention has been paid to addressing the underlying social factors that lead children to conflict with the law, and linkages between judicial, law enforcement and social structures are weak. Recognizing this, the Government has initiated a reform of the juvenile justice system. It has also committed itself to reviewing national legislation vis-à-vis the Convention on the Rights of the Child and to improving the monitoring of the implementation of the Convention through a "High Committee" appointed for this purpose. The United Nations Development Assistance Framework (UNDAF) process has started in the Syrian Arab Republic and a Common Country Assessment will be finalized in 1999.

Lessons learned from past cooperation

7. In the area of health, WHO and UNICEF support contributed to the certification of the Syrian Arab Republic as a polio-free country. Overall, however, not enough attention was paid to verticality and poor quality within the health services, nor to preventive and home-care aspects of child health. The adoption in 1999 by the Ministry of Health of the WHO-UNICEF-supported Integrated Management of Childhood Illness (IMCI) initiative was a step in the right direction. Some 200 awareness seminars on HIV/AIDS were held for youth and health workers.

8. In education, UNICEF advocacy led to official recognition of the problem of girl drop-outs as a priority concern. Support to the Ministry of Education in improving the quality of basic education through the Global Education Initiative (GEI) prompted the adoption of this initiative for implementation in all of the country's 12,000 primary schools over the coming 10 years. Not all experiences were positive, however: the project for vocational training of girls and women did not address the more basic problem of drop-outs and covered only a limited number of girls.

9. The High-Risk Areas (HRA) programme played a key role in improving health and social conditions in targeted rural and peri-urban communities and in influencing national development policies through its pilot activities. For example, from 1996 to 1998, immunization coverage and school enrolment rates improved in some 40 villages. The programme's school health activities prompted development of a national plan for implementing such activities in all primary schools nationwide. An initiative for encouraging girl drop-outs to resume their schooling prompted the Ministry of Education to pilot a "second chance" learning project in the northern governorates. Young women and adolescent girls have been mobilized to play the main role in establishing village health information systems, thus encouraging the Ministry to initiate such systems in selected districts to improve utilization of health services.

10. In the area of child protection, UNICEF information-based advocacy has proven successful. UNICEF-supported studies on juvenile justice, child disability, early marriage and child labour played a key role in generating policy discussion and initiating concrete action by the Government, such as the review of Syrian legislation, a national

conference on juvenile justice and training for all stakeholders to improve the administration of juvenile justice. In 1997, Dourade Lahham, a renowned Syrian artist, was designated as spokesman for Syrian children's rights. He has become a valuable advocate and in 1999 was appointed Goodwill Ambassador for the entire region.

11. Advocacy could have been more effective had the impact of UNICEF interventions been measured more systematically. Therefore, monitoring and evaluation of the programme need to be strengthened. Other weaknesses include overly ambitious planning, too many dispersed activities and verticality of interventions. With its limited resources, the programme of cooperation will need to focus on fewer interventions.

Proposed country programme strategy

12. The normative framework provided by the Convention on the Rights of the Child and the rights-based approach will guide all dimensions of the programme. Nationwide, the Syrian Arab Republic has achieved many of the goals of the World Summit for Children, and most UNICEF-supported interventions will thus focus on unreached groups, notably in the north and north-east of the country. The programme will also make selective inputs at the national level, in areas where policy changes and government action can lead to critical improvements in the situation of children and contribute to granting their rights. To this end, UNICEF will continue its support to pilot projects and action-oriented studies which, linked to advocacy, have proven successful in promoting children's rights and policy and legislative changes. Because of limited resources, the identification and choice of these interventions will be critical. A more integrated programming approach will be adopted, in recognition of the interrelation of children's and women's rights. Through intersectoral working committees and policy seminars, a broader range of partnerships and alliances will be mobilized, including with Syrian civil society, other United Nations agencies and non-governmental organizations.

13. The overall aim of the programme of cooperation will be to support national and local authorities, communities and families in fulfilling their responsibilities to children and women, as defined by the Convention on the Rights of the Child and the Declaration of the World Summit for Children. Within the framework of UNDAF, the programme will contribute to a broader national effort to reduce geographical disparities and to create the conditions necessary for Syrian children and women to reach their full potential.

14. The programme will comprise three intersectoral components. The first, *disparity reduction*, will target disadvantaged communities in the five north and north-east governorates, building on the successes of the HRA programme during the 1996-2000 period. Such a focus will help address disparities, provide pilot experiences to promote policy change and promote community empowerment. Through a combination of local capacity-building, community mobilization and targeted service delivery, the programme aims to improve access to and quality of basic social services in the target governorates, especially for women, and improve child-rearing knowledge and skills of parents and other caregivers in these communities. The "back-to-school" component of the programme will support the Ministry of Education in its efforts to address the problem of girl drop-outs in the same communities.

15. The second focus area, *support to national policies and development*, will, through capacity-building and advocacy based on the results and experiences of the disparity reduction programme, contribute to government efforts to sustain national immunization and polio eradication and achieve the remaining World Summit goals. UNICEF will thus continue to support national policies and strategies in the areas of IMCI, women's and adolescent health, HIV/AIDS, nutrition, health communication and the use of iodized salt. Through technical support to the GEI, UNICEF will assist the Ministry of Education to address the problem of high drop-out rates through improving the quality and relevance of basic education, including promotion of child-centred, interactive learning styles.

16. The third area, *promotion of children's and women's rights*, will ensure that these rights remain at the forefront of the national agenda. Through policy-oriented research, capacity-building and advocacy, it will continue support to the development and implementation of legislation, policies and programmes for children in need of special protection. UNICEF will continue to advocate ratification of the Convention on the Elimination of All Forms of Discrimination against Women. Support will be given to improving the availability and quality of disaggregated data.

17. Learning from past efforts, an integrated monitoring and evaluation plan will be developed and implemented for the new country programme, with particular attention to the setting of baselines.

Estimated programme budget

Estimated programme cooperation, 2001-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Disparity reduction	2 000	700	2 700
Support to national policies and development	1 475	450	1 925
Promotion of children's and women's rights	1 166	300	1 466
Total	4 641	1 450	6 091

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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For action

Recommendation for approval of additional regular resources for 10 country programmes and the one-year extension of the current programme cycles of two country programmes

Summary

The estimated funding target and financial plan contained in the medium-term plan (MTP) for the period 1998-2001 (E/ICEF/1998/13 and Corr.1) was approved by the Executive Board at its second regular session of 1998 (E/ICEF/1998/6/Rev.1, decision 1998/22). Planning levels for regular resources (formerly general resources) for country programmes are established on the basis of the approved MTP, taking into account the latest projections of income and expenditure.

The regular resources planning levels for 2000 and the indicative levels for 2001-2004 have been computed using the modified regular resources allocation system described in document E/ICEF/1997/P/L.17 and Corr.1 and approved by the Executive Board at its 1997 annual session (E/ICEF/1997/12/Rev.1, decision 1997/18). As a result of the application of the modified system and the estimated global levels of regular resources available for programmes in 2000 and 2001, the level of regular resources planned for 10 countries, eight of whose programme cycles end in 2000, and two with programme cycles ending in 2001, is higher than the balance of approved regular resources available to these countries.

In addition, although the current programme cycles of two countries end in 2000, both of them have unexpended balances of regular resources sufficient to cover their regular resources planning levels for 2001.

* E/ICEF/2000/2.

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The Executive Director *recommends* that the Executive Board approve:

(a) Allocations of additional regular resources in the total amount of $9,966,943 to fund the approved country programmes of eight countries (Cambodia, the Congo, the Democratic People's Republic of Korea, Iraq, Liberia, Madagascar, Rwanda and Somalia) for 2000, and two countries (Guinea and Senegal) for 2000 and 2001;

(b) A one-year extension of the current approved country programmes of cooperation for Egypt and Malaysia.

I. Introduction

1. The regular resources (formerly general resources) planning levels for eight countries whose programme cycles end in 2000, and two countries whose cycles end in 2001, are higher than the balances of approved regular resources as a result of the application of the modified system for allocation of regular resources and revised projections of global levels of regular resources available for allocation to country programmes in 2000 and 2001. The table below sets out the balance of approved regular resources available to those countries, the regular resources levels planned for each of the countries and the additional amount of regular resources for which approval is needed to reach the planning level.

Regular resources

(In United States dollars)

	Balance of approved RR (A)	*RR planning level (B)*		*Amount to be approved (B-A)*
Region country	*2000*	*2000*	*2001*	
Eastern and Southern Africa				
Madagascar	4 039 977	4 774 000	-	734 023
Rwanda	1 798 000	2 347 000	-	549 000
Somalia	3 156 128	4 325 000	-	1 168 872
Subtotal	**8 994 105**	**11 446 000**	**-**	**2 451 895**
West and Central Africa				
Congo	912 602	939 000	-	26 398
Guinea	2 517 000	2 609 000	2 609 000	2 701 000
Liberia	1 056 000	1 349 000	-	293 000
Senegal	1 624 000	1 870 000	1 922 000	2 168 000
Subtotal	**6 109 602**	**6 767 000**	**4 531 000**	**5 188 398**

Region country	Balance of approved RR (A)	RR planning level (B)		Amount to be approved (B-A)
	2000	2000	2001	
East Asia and the Pacific				
Cambodia	1 827 000	3 104 000	-	1 277 000
Democratic People's Republic of Korea	837 000	920 000	-	83 000
Subtotal	**2 664 000**	**4 024 000**	**-**	**1 360 000**
Middle East and North Africa				
Iraq	1 417 350	2 384 000	-	966 650
Total	**19 185 057**	**24 621 000**	**4 531 000**	**9 966 943**

RR = regular resources

II. Recommendations for additional regular resources

A. Eastern and Southern Africa

Madagascar

2. The country programme for Madagascar, covering the period 1996-2000 (E/ICEF/1995/P/L.12), was approved by the Executive Board at its second regular session in March 1995 with an allocation of $15,900,000 from regular resources (E/ICEF/1995/9/Rev.1, decision 1995/9). The increased planning level for 2000 will provide the programme with an additional $734,023 from regular resources, for which approval is sought.

3. Some $413,023 of the additional funds will be used for the health programme and will contribute to reducing the incidence of malaria, increasing immunization coverage and helping to prevent the spread of HIV/AIDS. The planning and social statistics programme will receive $321,000 to carry out the end-decade survey of the World Summit for Children goals and to support preparation of the new country programme.

Rwanda

4. The current short-duration country programme for Rwanda, covering the period 1998-2000 (E/ICEF/1997/P/L.20), was approved by the Executive Board at its third regular session in September 1997 with an allocation of $4,860,000 from regular resources (E/ICEF/1997/12/Rev.1, decision 1997/22). The increased planning level for 2000 will provide the programme with an additional $549,000 from regular resources, for which approval is sought.

5. The objectives of the country programme are to address the special protection needs of children; provide basic services to children and other vulnerable groups; and advocate for and monitor implementation of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. These objectives are being pursued through programmes in health, nutrition, water and sanitation, and education. In support of achieving the country programme objectives, the additional

funds will be allocated among the programmes as follows: $90,000 for child protection; $36,500 for nutrition; $162,000 for water and sanitation; $50,000 for education; $36,500 for advocacy, monitoring and evaluation; and $174,000 for cross-sectoral costs.

Somalia

6. The current short-duration country programme for Somalia, covering the period 1999-2000 (E/ICEF/1998/P/L.24), was approved by the Executive Board at its second regular session in September 1998 with an allocation of $5,859,000 from regular resources (E/ICEF/1998/6/Rev.1, decision 1998/15). The increased planning level for 2000 will provide the programme with an additional $1,168,872 from regular resources, for which approval is sought.

7. In the volatile situation in Somalia, the country programme has been adapted to the specific needs and opportunities presented. In the zones in crisis, the priority is to ensure "safety nets" for the most vulnerable groups through improved emergency prevention, preparedness and a well-coordinated response. In the zones of recovery, the response is to improve the quality and sustainability of essential services for children and women. The zones of transition, which tend to be scattered pockets of relative peace and stability, require localized support, often with a mix of rehabilitation and emergency approaches. In these circumstances, the additional $1,168,872 will be allocated among the following programmes: (a) $268,841 to health, to help ensure access to and the utilization of a package of essential preventive, curative and promotive services among at least 60 per cent of the settled population; (b) $116,887 to nutrition, to improve care and feeding practices in order to address the underlying causes of malnutrition; (c) $233,774 to water and environmental sanitation, to help sustain past investments in water supply systems through the building of local capacity for system maintenance, improved management practices and the introduction of cost-sharing schemes to recover part of the recurrent expenses; (d) $233,774 to education, to help increase access to and the utilization, quality and sustainability of formal primary education through a community-based approach to the rehabilitation of the sector; and (e) $315,596 for the management of this complex country programme which, in the absence of a central Government, is implemented through partnerships with local or international non-governmental organizations, community organizations and nascent local administrative structures.

B. West and Central Africa

Congo

8. The current short-duration country programme for the Congo, covering the period 1999-2000 (E/ICEF/1998/P/L.25), was approved by the Executive Board at its second regular session in September 1998 with an allocation of $1,690,000 from regular resources (decision 1998/15). The increased planning level for 2000 will provide the programme with an additional $26,398 from regular resources, for which approval is sought.

9. The programme aims to support the country in its post-emergency phase of reconstruction and rehabilitation, and has as its key objectives the revitalization of the primary health care (PHC) system and the reactivation of basic education. In health, particular attention is being given to immunization. The education programme concentrates on getting primary schools operating again, promoting the education of girls and supporting peace education. The additional funds of $26,398 will support activities in both these sectors.

Guinea

10. The country programme for Guinea, covering the period 1997-2001 (E/ICEF/1996/P/L.12/Add.1), was approved by the Executive Board at its third regular session in September 1996 with an allocation of $7,400,000 from regular resources (E/ICEF/1996/12/Rev.1, decision 1996/29). The increased planning levels for 2000 and 2001 will provide the programme with an additional $92,000 from regular resources in 2000 and a total of $2,609,000 from regular resources in 2001, for which approval is sought.

11. The objectives of the programme are to reduce infant, under-five and maternal mortality, and to improve access to information and education through the implementation of programmes in health and nutrition, basic education, water and sanitation, information and communication, and human development. The additional $92,000 from regular resources for 2000 will be allocated to projects in HIV/AIDS and youth health. The $2,609,000 for 2001 will be allocated among the programmes as follows: $891,000 to health and nutrition; $437,000 to water and sanitation; $390,000 to education; $254,000 to information and communication; $263,000 to human development; and $374,000 for cross-sectoral costs. These funds will be used to support achievement of the objectives contained in the approved country programme recommendation (CPR).

Liberia

12. The current short-duration country programme for Liberia, covering the period 1999-2000 (E/ICEF/1998/P/L.27), was approved by the Executive Board at its second regular session in September 1998 with an allocation of $2,046,000 from regular resources (decision 1998/15). The increased planning level for 2000 will provide the programme with an additional $293,000 from regular resources, for which approval is sought.

13. The objectives of the programme, as outlined in the CPR, are to revitalize basic social services, including PHC and basic education, in order to contribute to the reduction of infant, child and maternal mortality; facilitate the reintegration of war-affected children into social and community structures; and advocate for and promote the protection of the rights of Liberian women and children. The additional $293,000 will support the realization of those objectives, with an estimated allocation of $50,000 to health, $50,000 to education, $100,000 to communication and $93,000 for cross-sectoral costs.

Senegal

14. The country programme for Senegal, covering the period 1997-2001 (E/ICEF/1996/P/L.14/Add.1), was approved by the Executive Board at its third regular session in September 1996 with an allocation of $5,080,000 from regular resources (decision 1996/29). The increased planning levels for 2000 and 2001 will provide the programme with an additional $246,000 from regular resources in 2000 and a total of $1,922,000 from regular resources in 2001, for which approval is sought.

15. The main goal of the country programme is to contribute to the survival, protection and development of children and women. The objectives to achieve this goal are to reduce infant, under-five and maternal mortality; reduce malnutrition rates; improve basic education; and provide access to safe water and proper sanitation. The additional $246,000 from regular resources for the year 2000 will be allocated among the health, education, and water and sanitation programmes. The $1,922,000 for 2001 will be allocated among the programmes as follows: $612,100 to health; $352,600 to water and sanitation; $260,400 to education; $171,200 to children in difficult circumstances; $132,300 to advocacy;

$270,600 to monitoring and evaluation; and $122,800 for cross-sectoral costs. These funds will be used to support the achievement of the objectives contained in the approved CPR.

C. East Asia and the Pacific

Cambodia

16. The country programme for Cambodia, covering the period 1996-2000 (E/ICEF/1996/P/L.51), was approved by the Executive Board at its second regular session in April 1996 with an allocation of $11,550,000 from regular resources (decision 1996/7). The increased planning level for 2000 will provide the programme with an additional $1,277,000 from regular resources, for which approval is sought.

17. The goals of the country programme are to reduce infant, under-five and maternal mortality rates, as well as the rate of malnutrition, and to increase access to basic education, and safe water and adequate sanitation, through programmes in community action for social development (CASD), health, basic education, and advocacy, planning and programme support. It is proposed to allocate the additional funds among the programmes as follows: $510,000 to CASD, to continue its support to rights-based programming and integrated community-based approaches; $410,000 to health, to enable an acceleration of immunization and efforts to reduce maternal mortality; $260,000 to basic education, to assist in improving access, particularly for girls; and $97,000 to the high priority area of combating the spread of HIV/AIDS.

Democratic People's Republic of Korea

18. The current short-duration country programme for the Democratic People's Republic of Korea, covering the period 1999-2000 (E/ICEF/1998/P/L.30) was approved by the Executive Board at its second regular session in September 1998 with an allocation of $1,677,000 from regular resources (decision 1998/15). The increased planning level for 2000 will provide the programme with an additional $83,000 from regular resources, for which approval is sought.

19. Three objectives were set for this country programme: (a) to restore children's and women's well-being to their pre-emergency levels by reducing child and maternal mortality, morbidity and malnutrition, and facilitating the psycho-social development of young children; (b) to promote the progressive implementation and monitoring of the Convention on the Rights of the Child, focusing primarily on improving of the situation of orphaned and destitute children; and (c) to build a basis for sustainable social development in selected demonstration areas using integrated and multisectoral activities. In recent years, the country has been experiencing reversals in child immunization coverage, which is down from 100 per cent in 1994 to 40 per cent in 1998. The additional $83,000 will be allocated to the health programme to assist in increasing immunization coverage through the procurement of vaccines and support to capacity-building among health professionals.

D. Middle East and North Africa

Iraq

20. The current short-duration country programme for Iraq, covering the period 1999-2000 E/ICEF/1998/P/L.32), was approved by the Executive Board at its second regular session in September 1998 with an allocation of $2,943,000 from regular resources (decision

1998/15). The increased planning level for 2000 will provide the programme with an additional $966,650 from regular resources, for which approval is sought.

21. The country programme, comprised of programmes in health, nutrition, water and sanitation, education, child protection and development, advocacy and communication, and planning and social statistics, aims to accelerate achievement of the goals of the National Plan of Action. The additional funds will be allocated among the programmes as follows: $221,600 to health, to help support efforts to reduce infant, child and maternal mortality rates; $140,000 to nutrition, which will contribute to ensuring that a minimum of 75 per cent of children under five years of age are screened for malnutrition and at least 50 per cent of severely malnourished children receive rehabilitation services; $145,000 to water and sanitation, to assist in increasing access to safe water supplies and improving sanitation and hygiene; $212,700 to education, to help restore net primary school enrolment rates to pre-1991 levels, one of the main objectives of the programme; $154,850 to fund the recruitment of a communications officer, crucial for the advocacy aspects of the country programme; and $92,500 to child protection, advocacy and planning.

III. Recommendations for the extension of the current programme cycles

A. East Asia and the Pacific

Malaysia

22. The country programme for Malaysia, covering the period 1997-2000 (E/ICEF/1996/P/L.28/Add.1), was approved by the Executive Board at its third regular session in September 1996 with an allocation of $3,000,000 from regular resources (decision 1996/29). At the end of 2000, it is expected that the programme will have an unexpended balance of $588,000 in regular resources. In order to utilize the unspent approved balance of regular resources and to provide adequate time for the preparation of a new programme of cooperation by the new UNICEF country team leadership, together with national authorities, it is proposed that the current programme be extended for one year, using the unspent balance of regular resources to implement the programme.

B. Middle East and North Africa

Egypt

23. The country programme for Egypt, covering the period 1995-2000 (E/ICEF/1994/P/L.14 and Corr.1), was approved by the Executive Board at its second regular session in April 1994 with an allocation of $30,000,000 from regular resources (E/ICEF/1994/13/Rev.1, decision 1994/R.2/6). The United Nations funds and programmes working in Egypt will harmonize their cycles at the beginning of 2002. At the end of 2000, it is expected that the programme will have a sufficient unexpended balance of regular resources to cover the 2001 regular resources planning level of $3,028,000. Therefore, it is proposed that the current programme be extended for one year to allow it to harmonize its cycle with the other United Nations funds and programmes, and to use the unspent balance of regular resources to implement the programme.